

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040044

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10129

STATE FILE NUMBER

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY ST. LOUISb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUISLength of stay in 1b
4 YRSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION JEWISH HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY ST. LOUISc. CITY OR TOWN ST. LOUISInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
8 BEVERLY PLACEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
JOEL VINCENT BROOMFIELD4. DATE OF DEATH
Month Day Year
10 21 625. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
3-18-199. AGE (last birthday)
43IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
UNEMPLOYED10b. KIND OF BUSINESS OR INDUSTRY
NONE11. BIRTHPLACE (City and state or country)
VENICE, ILLINOIS12. CITIZEN OF WHAT COUNTRY
UNITED STATE

13a. FATHER'S NAME

JOHN BROOMFIELD

13b. MOTHER'S MAIDEN NAME

ELSIE MAY BUTLER

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

Address P.O. 296ELMER BROOMFIELD GRANITE CITY

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MYOCARDIAL INFARCTIONINTERVAL BETWEEN ONSET AND DEATH
3 DAYS

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE7 YRS.

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DIABETES MELLITUS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/21/62 to 10/21/62 and last saw her alive on 10/21/62
Death occurred at 11:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR
ED MERCER SONSADDRESS
GRANITE CITY ILLINOIS25. DATE RECD. BY LOCAL REG.
OCT 23 196226. REGISTRAR'S SIGNATURE
Ed Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Shinton C. Williams

Licensed Embalmer No. 5016

P. O. Address Granite City, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.